

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83436791

GENERATOR NAME AND MAILING ADDRESS
OIL & SOLVENT PROCESS CO
AZUSA, 1704 W. FIRST ST
AZUSA, CA 91702

AREA CODE/PHONE NUMBER 818-334-5117

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

CAD008302903

TRANSPORTER NO 1
OIL & SOLVENT PROCESS CO
1704 W. FIRST ST
AZUSA, CA 91702

VEH /CONTAINER NO

EPA ID NUMBER

42581

40038

CAD008302903

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH /CONTAINER NO

EPA ID NUMBER

HAVE DRIVER
SIGN & LEAVE
OUR COPY —
ALL

TREATMENT, STORAGE, OR DISPOSAL (TSD) FAC

OMEGA CHEMICAL CO.
12504-E. WHITTIER BLVD
WHITTIER, CA. 90602

AREA CODE/PHONE NUMBER 213-698-0991

EPA ID NUMBER

CAD0042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO TYPE

WASTE
CAT NO

DISP
METH

HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA 911819 12002 G 40XDM21101

COMPONENTS

CONC RANGE
UPPER LOWER

UNITS
% PPM

1.1. TRICHLOROTRIFLUOROETHANE

98

94

%

1.2. METHANOL/ETHANOL

4

0

%

1.3. WATER/DIRT/OIL

4

0

%

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

Roy Cammack Roy Cammack

MO.

DAY

YR

5

31

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

06

01

84

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

06

01

84

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR

06

01

84

Printed or typed full name and signature

Tim Baltierra L Baltierra

CAD0042245001

TSD SENDS THIS COPY TO DOHS WITHIN 15 DAYS